

**Application Data Sheet****Application Information**

Application number:: 10/672,266
Filing Date:: 09/25/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: LYOPHILIZED BEADS CONTAINING MANNITOL
Attorney Docket Number:: 020048-004200US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 1
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Byung
Middle Name:: Sook
Family Name:: Moon
Name Suffix::
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2450 W. Bayshore Road #12
City of Mailing Address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94303

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Martin
Middle Name::
Family Name:: Jones
Name Suffix::
City of Residence:: Walnut Creek
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1096 Snyder Lane
City of Mailing Address:: Walnut Creek
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94598

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Johnny

Middle Name::

Family Name:: Valdez

Name Suffix::

City of Residence:: San Jose

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 14 Uxbridge Court

City of Mailing Address:: San Jose

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95139

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Cepheid
Street of mailing address:: 904 Caribbean Drive
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94089